

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155561		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2011	
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN HOME & REHABILITATIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN47660			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00095041.</p> <p>Complaint IN00095041 Substantiated, Federal/State deficiency cited at F240.</p> <p>Survey dates: September 14 and 15, 2011</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: SNF/NF: 78 Total: 78</p> <p>Census payor type: Medicare: 12 Medicaid: 46 Other: 20 Total: 78</p> <p>Sample: 7</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on September 19, 2011 by Bev Faulkner, RN						
F0240 SS=D	<p>A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> <p>Based on interview and record review, the facility failed to provide care which enhanced the resident's quality of life,</p>			F0240	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or any other violation of regulation. This provider respectfully requests that the 2567 be considered the letter of credible allegation and</p>		09/28/2011

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	<p>in that a resident residing on the Alzheimer's Unit was transferred to a different room causing psychosocial distress for the resident and resulting falls and an increase in medications for disruptive behavior, for 1 of 3 residents reviewed who had transferred to different rooms, in a sample of 7. Resident B</p> <p>Findings include:</p> <p>On 9/14/11 at 9:55 A.M., the Alzheimer's Unit Manager indicated Resident B had recently</p>				<p><b>requests a desk review in lieu of a post survey revisit on or after September 26 th 2011.F</b> 240 483.15 CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE <b>It is the practice of this facility to care for it's resident's in a manner and in an environment that promotes maintenance or enhancement of each resident' s quality of life. What corrective action(s) will be accomplished for those resident's found to have been affected by deficient practice;</b>Resident B has adjusted to room move at present we will continue to monitor and intervene as necessitated. <b>How other resident's having the potential to be affected will be identified by the same deficient practice will be identified and what corrective action(s) will be taken.</b>Resident's who have had room moves had the potential to be affected by the alleged deficient practice. Resident's who have had room moves in the past 30 days have been reviewed to ensure psychosocial well being. Interdisciplinary Team will be re-in serviced and a post test performed on transfer/room move policy by Nurse Consultant by 9-26-2011. Potential room changes/transfers will be discussed with Interdisciplinary Team prior to move. SSD /MCF will monitor for adjustments and</p>		

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	<p>been transferred to another room to accommodate a newly admitted married couple.</p> <p>The clinical record of Resident B was reviewed on 9/14/11 at 10:20 A.M. Diagnoses included, but were not limited to, Dementia.</p> <p>A "Intra-Facility Transfer Notice of Room Change," dated 7/2/11, indicated: "1. An intra-facility transfer is a change of beds or rooms within a certified section...of the facility.</p>				<p>report to IDT team. <b>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur;</b>Resident's will not be moved/transferred unless it is in the best interest of the resident. Interdisciplinary Team will discuss all room changes prior to movement. And documentation will be placed in chart to clarify and identify reason for room change. Interdisciplinary Team will monitor residents for need of transfer. Transfer will only occur if one of the following conditions are met. Transfer is necessary for medical reasons, as judged by a Physician. Transfer is necessary for the welfare of the resident's or other persons. Resident , or if deemed incompetent Family request. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur,i.e.,what quality assurance program will be put into place;</b>Social Service Director and Memory Care facilitator will oversee room changes to assure compliance and will report any adverse effect from to Continuous Quality Improvement committee overseen by Executive Director. CQI committee will immediately intervene to ensure psychosocial needs are met. <b>By what date the systematic changes will be completed.</b>September 26 th</p>		

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	<p>2. In Indiana, an intra-facility transfer can be made only if it: a. Is necessary for medical reasons; or b. Is necessary for the welfare of the resident or others.</p> <p>3. If an intra-facility transfer is required, the resident must be given notice at least two (2) days before relocation is expected, except when:</p> <p>a. Individual(s) safety or health would be endangered; b. Resident's health improves or: 3. Resident's urgent medical needs require</p>				<p>2011.</p> <p>-</p> <p>Facility# 000327 Provider # 155561 Survey Event ID 72LK11 Survey Date September 15 th , 2011</p> <p>Addendum to original POC</p> <p>Please explain your process of monitoring for the resident's who have had room changes. Resident's will be monitored and assessed for distress related to room change for 72 hours. All shifts will document adjustment or lack of adjustment and IDT team will determine if adjustment was successful and if so will take of continuous monitoring Social Service Director and Memory Care Facility will monitor ongoing for intermittent adjustment and or psychosocial issues.</p> <p>What process will be in place to determine compliance? Will the results be reviewed by your Quality Review Committee? At what point will monitoring be discontinued? CQI tool will be utilized to monitor compliance. Continuous Quality Improvement Committee will review CQI data, for compliance monthly X 3 months and quarterly thereafter for two quarters if documentation is not present and action plan will</p>		

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	immediate transfer...This is to inform you that it is necessary to move you from: Room [number] to Room [number] on July 2, 2011. The reason for this transfer is: for the benefit of the resident. I do waive my right to forty-eight (48) hours notice. I do waive my right to a relocation planning conference...Legal Representative [name] this is to confirm that you were advised by telephone on July 2, 2011 of the need for the above resident to change		be developed.  CONTINUOUS QUALITY IMPROVEMENT TOOL ROOM CHANGES  Residentt whom experienced a room move_____ _____ Datte Move Occurred_____ _____ Room movingtto_____ _____ Roommatte nottfied_____ _____ Reason fior Room Move_____ _____ _____ _____ _____ _____ _____ _____ IDT team Discussed room change documentt in chartt_____ _____ Family Nottfied and paperwork signed_____		

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	<p>rooms. Date [unsigned] Signature of Legal Representative [unsigned]...."</p> <p>Social Progress Notes included the following notations:</p> <p>7/2/11 [untimed]: "Spoke [with] res [resident] on this day to inform her of room move. Res moved to room [number]. Res didn't respond when informed of move."</p> <p>7/4/11 [untimed]: "Res upset about room move. Res attempts to go into</p>				<p>_____ Residentt monitored each shifi fio72 hours _____ _____ Documenttaton reviewed_____ _____ Documenttaton withthi72 hours in Social Service Nottes_____ _____ Monthly follow up firom SSD or MCF fior3 monthths _____ _____ Quarterly fiollow up firom SSD or MCF fior two quartters_____ _____ Nurses tto Nurse reportt given_____ _____ _____ All belongings medicattions ttreattmnts necessary medical informatton relocatted ifi needed_____ _____</p>		

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	<p>former room and resists redirection. Spoke [with] res on this date, res did not respond when asked if she was upset about new room. Will cont. to monitor."</p> <p>Nurses Notes included the following notations:</p> <p>7/4/11 at 9:15 P.M.: "Res had behavior @ [8:00 P.M.] such as yelling loudly when res was taken to new room...Res angry d/t [due to] fact she can't enter her old rm [room]. Res doesn't understand why she can't</p>						



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	<p>enter her old room...Res hitting pinching staff...Res yelling woke other residents et [and] caused them to be upset. Explained to res that she has new room...Res agreed to sit in chair by old rm...."</p> <p>7/6/11 at 6:15 P.M.: "Res entered her old rm et would not leave when asked. Res began hitting/pinching/scratchi ng/biting this nurse as I tried to explain to res she had new room et try to get res out of other residents rm. Res also hit</p>						

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	<p>CNA who was assisting this nurse in removal of res from wrong rm. MD notified...."</p> <p>Social Progress Notes, dated 7/6/11, indicated, "Res would not allow redirection from staff when attempting to assist her out of her former room. Res displaying confusion about move. Staff spoke [with] res and explained new room and assisted her to locate her room...."</p> <p>A Physician's order, dated 7/7/11, indicated to</p>						

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	<p>increase Depakote [medication given for behavioral symptoms] from 125 mg every morning to 250 mg every morning.</p> <p>An Interdisciplinary Team [IDT]Progress Note, dated 7/15/11, indicated, "...She was recently moved to room across the hall from her old room which she had been in for over 2 years. She was going to enter her old room when resident, who resides in this room closed door @ this time causing res to</p>						

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	<p>lose her balance et [and] fall...."</p> <p>An Interdisciplinary Team Progress Note, dated 7/18/11, indicated, "IDT reviewed incident occurring on 7/17/11 @ 1605 [4:05 P.M.] when resident was starting into her previous room and current resident was starting to exit room. They collided causing this resident to fall...."</p> <p>A therapy note, dated 7/18/11, indicated, "...ST [speech therapy] to eval [evaluate] for orientation</p>						

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	<p>with the pt [patient] having recent room move [and] difficulty locating new room...."</p> <p>A Social Progress Note, dated 8/9/11, indicated, "[Name of psychiatrist] saw res on 8-8-11 and ordered to [increase] Depakote to 250 mg po [by mouth] tid [three times daily] after meals d/t [due to] [increased] behaviors."</p> <p>Nurses Notes continued:</p> <p>8/11/11 at 4:47 A.M.: "...Continues to have</p>						

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	<p>confusion about her room since she had a room change the First part of July. Re-directed to her room...."</p> <p>An IDT note, dated 8/24/11, indicated, "...She had 2 falls last month perhaps d/t room move...."</p> <p>A Physician's Progress Note, dated 8/30/11, indicated, "...Her room was moved recently and this did make a difference, but she seems to be doing much better now...."</p>						

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	<p>An IDT note, dated 9/13/11, indicated, "...res was attempting to open the door to her previous room. She lost her balance, fell...Res has become increasingly confused since her room move... IDT will review for possible room move...."</p> <p>On 9/14/11 at 12:10 P.M., during interview with the Alzheimer's Unit Facilitator, she indicated Resident B "needed to move due to the admission of a</p>						

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	<p>married couple." The Alzheimer's Unit Facilitator indicated the resident did have "issues" when she first changed rooms, and that she hoped to eventually move her back into her old room.</p> <p>This federal tag relates to Complaint IN00095041.</p> <p>3.1-32(a)</p>						



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